## Mom & Baby Yoga Program!

For moms and babies ages 4 weeks to 2 years: Moms can get back in shape while bonding with their babies. Stretching, toning, strengthening and restoring. Babies are engaged and stimulated throughout the series. Connect with your inner self while sharing experiences with others. The instructor is a certified registered yoga teacher and an Itzy Bitzy Yoga Graduate. Participants are required to bring a mat.

Session #1:	Mondays, September 13, 20, 27, October 4, 11, 18, 25, November 1, 8 and 15, 2004.
$\frac{1}{2}$	13, 20, 27, October 4, 11, 10, 23, November 1, 8 and 13, 2004.

**Session #2:** Mondays, November 22, 29, December 6, 13, 20, January 3, 10, 17, 24, 31, 2005.

**Times**: 11:30am - 12:30pm 4 weeks to sitting up

12:30pm – 1:30pm 6 months to 18 months 1:30pm – 2:30pm 18 months to 2 years

the right to cancel, alter, supplement, limit registration or change any other information.

Parent/Guardian Signature

**Location**: The Preschool Place & Kindergarten at Temple Sholom, North Bridge Street - Bridgewater.

**Cost**: \$150.00 checks made payable to "The Preschool Place & Kindergarten". If signing up for more

than one session or child, separate checks and forms are required.

Space is limited; registration is based on first come first serve at the Bridgewater Recreation Department.

Ten children with parents/caregivers per class.

Three ways to register! In person at the Bridgewater Recreation Department (Municipal Building – 700 Garretson Road) 9am to 5pm Monday to Friday, drop registration off in the "REC" mailbox located around back of Municipal Building before or after office hours, or via postal service.

Bridgewater Recreation Department P.O. Box 6300/700 Garretson Road – Bridgewater, NJ 08807 (908) 725-6373 office hours 9am to 5pm Monday to Friday www.bridgewaternj.gov ·----× 2004 Mom & Baby Yoga \$150.00 – "The Preschool Place & Kindergarten" Mom's Mom's First Name: Last Name: Baby's Baby's Last Name: \_\_\_\_\_First Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Parent Phone #: ( Parent Cell #: ( Date of Session #2 Birth: Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves